

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_

Registered No. 104

## 1. PLACE OF BIRTH

County Maricopa State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Winslow No. 410 W 4th St St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 (If child is not yet named, make supplemental report, as directed.)

2. Full name of child Jean Shumway  
 3. Sex of Child female To be answered ONLY in event of plural births. } 4. Twin, triplet or other no 5. Legitimate? yes 7. Date of birth 8-28-30  
 Month Day Year

FATHER		MOTHER	
Full name	<u>Richard L. Shumway</u>	Full maiden name	<u>Charlotte R. Bremer</u>
9. Residence (Usual place of abode)	<u>410 W 4th Winslow</u>	15. Residence (Usual place of abode)	<u>410 W 4th Winslow</u>
If non-resident, give place and state.		If non-resident, give place and state.	
10. Color or race	<u>white</u>	16. Color or race	<u>white</u>
11. Age at last birthday <u>28</u> (Years)		17. Age at last birthday <u>25</u> (Years)	
12. Birthplace (city or place)	<u>Taylor, Arizona</u>	18. Birthplace (city or place)	<u>Pinedale, Arizona</u>
(State or country)		(State or country)	
13. Occupation	<u>Brakeman</u>	19. Occupation	<u>housewife</u>
Nature of industry	<u>A.T. &amp; T. RR.</u>	Nature of industry	
20. Number of children of this mother	(a) Born alive and now living <u>3</u>	21. Were precautions taken against ophthalmia neonatorum.	<u>yes</u>
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive but now dead <u>0</u>		
	(c) Stillborn <u>0</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:35 p. m. on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

Registrar.

Signature

Robert M. Shump  
Physician or Surgeon  
 (Physician or midwife)

Address

Box 1007 Winslow, Ariz.

Filed

9-1, 1930 Ava C. B. B. B.

Registrar.